

9178

amendment attached
PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. *597 427*

County of

District of

Town of

or

City of

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. *569*

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child *Male* Twin, Triplet or other *1* and Number in order of birth *2* Legitimate? *Yes* Date of Birth *Aug 14* 191*4*
(Month) (Day) (Yr.)

FATHER
Full Name *Alex Waters*
Residence *Bisbee*
Color or Race *white* Age at last Birthday *26* (Years)
Birthplace *Arizona*
Occupation *Cobbler*

MOTHER
Full Maiden Name *Beatrice McBride*
Residence *Bisbee*
Color or Race *white* Age at last Birthday *23* (Years)
Birthplace *Arizona*
Occupation *housewife*

Number of child of this mother *2* Number of children, of this mother, now living *1* Were precautions taken against Ophthalmia neonatorum? *Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on *8/24* 191*4*, at *10:45* M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) *McBride*
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report 191.....

Address

Filed *Sept 10* 191*4* *P.B. Henderson* LOCAL REGISTRAR.

Filed *9-15* 191*4* A True Copy *C. Hunt* COUNTY REGISTRAR.

162-814-245
COUNTY REGISTRAR.

The number of each, in order of birth, stated. This certificate must be filed within 5 days after birth. Midwife with each local Registrar within 5 days after birth.